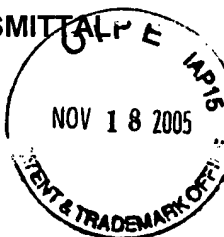


RCZ ✓
IPW

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number	09/993,865
Filing Date	November 14, 2001
First Named Inventor	William M. Cullen
Group Art Unit	2151
Examiner Name	Dhairya A. Patel
Attorney Docket Number	23982-10313

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-entitled application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

- a. ☒ Previously submitted
- i. ☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on October 24, 2005.
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☒ Return Postcard
- c. ☐ Other _____

3. Fees

The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 19-2555
- ☒ Fee Transmittal Enclosed (in duplicate)
- ☒ Check in the amount of \$790.00 enclosed

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Sabra-Anne R. Truesdale	Registration No. (Attorney/Agent)	55,687
Signature		Date	11-15-05

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, or if the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on:

Name (Print/Type)	Sabra-Anne R. Truesdale	Registration No. (Attorney/Agent)	55,687
Signature		Date	11-15-05
Express Mail No.			

11/21/2005 SSITHIB1 00000007 09993865

01 FC:1801

790.00 DP

23982/10313/DOCS/1575416.1



FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known		
		Application Number	09/993,865	
		Filing Date	November 14, 2001	
		First Named Inventor	William M. Cullen	
		Examiner Name	Dhairya A. Patel	
TOTAL AMOUNT OF PAYMENT (\$)		790.00	Art Unit	2151
			Attorney Docket No.	23982-10313

METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 19-2555 Deposit Account Name: Fenwick & West LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued)	
1. BASIC FILING FEE Large Entity Small Entity Fee Code Fee Code Fee Description Fee Paid 1051 130 2051 65 Surcharge - late filing fee or oath or declaration 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet 1053 130 2053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 120 2251 60 Extension for reply within first month 1252 450 2252 225 Extension for reply within second month 1253 1020 2253 510 Extension for reply within third month 1254 1,590 2254 795 Extension for reply within fourth month 1255 2,160 2255 1,080 Extension for reply within fifth month 1401 500 2401 250 Notice of Appeal 1402 500 2402 250 Filing a brief in support of an appeal 1403 1000 2403 500 Request for oral hearing 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 500 2452 250 Petition to revive - unavoidable 1453 1,500 2453 750 Petition to revive - unintentional 1501 1,400 2501 700 Utility issue fee (or reissue) 1502 800 2502 400 Design issue fee 1503 1100 2503 550 Plant issue fee 1460 — 1460 — Petitions to the Director 1807 50 1807 50 Processing fee for Provisional Applications 1806 180 1806 180 Submission of Information Disclosure Stmt 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 790 2810 395 For each additional invention to be examined (37 CFR 1.129(b)) 1801 790 2801 395 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify): SUBTOTAL (1) (\$) .00 SUBTOTAL (2) (\$) .00 SUBTOTAL (3) (\$) 790			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims: 20** = 0 Independent Claims: 3** = 0 Multiple Dependent: 0 Large Entity Small Entity Fee Code Fee Code Fee Description Fee Paid 1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple dependent claim, if not paid 1204 200 2204 100 **Reissue independent claims over original patent 1205 50 2205 25 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) .00			
*or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Sabra-Anne R. Truesdale	Registration No. (Attorney/Agent)	55,687
Signature	<i>Sabra-Anne R. Truesdale</i>	Telephone (650) 335-7187	
		Date	11-15-05